



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
Harbor Health Plan, Inc.

NAIC Group Code	4893	4893	NAIC Company Code	11081	Employer's ID Number	38-3295207
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	09/29/1995		Commenced Business	12/19/2000		
Statutory Home Office	3663 Woodward, Suite 120		Detroit, MI, US 48201			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	3663 Woodward, Suite 120					
	(Street and Number)					
	Detroit, MI, US 48201		(800)543-0161			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	1100 New Jersey Avenue, Suite 840		Washington, DC, US 20003			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1100 New Jersey Avenue, Suite 840					
	(Street and Number)					
	Washington, DC, US 20003		(202)821-1070			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	http://www.harborhealthplan.com					
Statutory Statement Contact	Cleveland E Slade		(202)821-1070			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	cslade@trustedhp.com					
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title	
Jesse Lee Thomas	President & CEO	#
Cleveland E. Slade	CFO	#
Chikadibie E. Duru	General Counsel	#

OTHERS

DIRECTORS OR TRUSTEES

Thomas M. Duncan #	Claudia Austin
Brenda Williams	Caleb DesRosiers JD #

State of Michigan
County of ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Jesse Lee Thomas	Cleveland E. Slade	Chikadibie E. Duru
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President & CEO	CFO	General Counsel
(Title)	(Title)	(Title)
Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2018	b. If no, 1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	
(Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals						
0299998 Premiums due and unpaid not individually listed	723	4,305	1,303	18,112	18,112	6,331
0299999 TOTAL Group	723	4,305	1,303	18,112	18,112	6,331
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	137,594					137,594
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	138,317	4,305	1,303	18,112	18,112	143,925

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	19,696	19,696	19,696	58,314	58,314	59,088
0199999 Subtotal - Pharmaceutical Rebate Receivables	19,696	19,696	19,696	58,314	58,314	59,088
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	19,696	19,696	19,696	58,314	58,314	59,088

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	178,040			117,403	178,040	237,800
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables	666,689				666,689	666,689
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	844,729			117,403	844,729	904,489

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,450,753	79,391	32,245	30,223	159,195	1,751,807
0499999 Subtotals	1,450,753	79,391	32,245	30,223	159,195	1,751,807
0599999 Unreported claims and other claim reserves						5,651,270
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						7,403,077
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Trusted Health Plan - Delaware	14,108					14,108	
0199999 Total - Individually listed receivables	14,108					14,108	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	14,108					14,108	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div>NONE</div>			
0399999 TOTAL Gross Payables .....	..... X X X .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	8,982,740	24.500				8,982,740
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	8,982,740	24.500				8,982,740
Other Payments:							
5.	Fee-for-service	7,476,564	20.392	X X X	X X X		7,476,564
6.	Contractual fee payments	20,204,941	55.108	X X X	X X X	2,852,354	17,352,587
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	27,681,505	75.500	X X X	X X X	2,852,354	24,829,151
13.	TOTAL (Line 4 plus Line 12)	36,664,245	100.000	X X X	X X X	2,852,354	33,811,891

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4893 NAIC Company Code 11081

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	10,162	(122)						673	9,611	
2. First Quarter	10,410	1						849	9,560	
3. Second Quarter	9,942	1						835	9,106	
4. Third Quarter	8,522	1						815	7,706	
5. Current Year	9,337							706	8,631	
6. Current Year Member Months	116,205	11						9,796	106,398	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	51,524	1,028						8,973	41,523	
8. Non-Physician	44,101	3,371						5,662	35,068	
9. TOTAL	95,625	4,399						14,635	76,591	
10. Hospital Patient Days Incurred	2,293							608	1,685	
11. Number of Inpatient Admissions	680							146	534	
12. Health Premiums Written (b)	44,965,111	(638,730)						7,371,711	38,232,130	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	44,965,111	(638,730)						7,371,711	38,232,130	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	36,664,245	1,181,049						7,613,578	27,869,618	
18. Amount Incurred for Provision of Health Care Services	36,635,680	102,759						7,938,968	28,593,953	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,371,711



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4893 NAIC Company Code 11081

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	10,162	(122)						673	9,611	
2. First Quarter	10,410	1						849	9,560	
3. Second Quarter	9,942	1						835	9,106	
4. Third Quarter	8,522	1						815	7,706	
5. Current Year	9,337							706	8,631	
6. Current Year Member Months	116,205	11						9,796	106,398	
TOTAL Member Ambulatory Encounters for Year:										
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	44,965,111	(638,730)						7,371,711	38,232,130	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	36,664,245	1,181,049						7,613,578	27,869,618	
18. Amount Incurred for Provision of Health Care Services	36,635,680	102,759						7,938,968	28,593,953	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....7,371,711

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0699999	Subtotal - General Account - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
0799999	Total - General Account - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
23647	41-0121640	01/01/2017	IRONSHORE IND INC	MN	SSL/A/I	CMM	25,678	.....	.....	.....	.....	.....	.....
23647	41-0121640	01/01/2017	IRONSHORE IND INC	MN	SSL/A/I	MR	169,199	.....	.....	.....	.....	.....	.....
23647	41-0121640	01/01/2017	IRONSHORE IND INC	MN	SSL/A/I	MC	265,122	.....	.....	.....	.....	.....	.....
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						459,999	.....	.....	.....	.....	.....	.....
1099999	Total - General Account - Authorized - Non-Affiliates						459,999	.....	.....	.....	.....	.....	.....
1199999	Total - General Account Authorized						459,999	.....	.....	.....	.....	.....	.....
1499999	Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
1799999	Subtotal - General Account - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
1899999	Total - General Account - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
2299999	Total - General Account - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
2599999	Subtotal - General Account - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2899999	Subtotal - General Account - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
2999999	Total - General Account - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
3399999	Total - General Account - Certified .....						.....	.....	.....	.....	.....	.....	.....
3499999	Total - General Account - Authorized, Unauthorized and Certified						459,999	.....	.....	.....	.....	.....	.....
3799999	Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4099999	Subtotal - Separate Accounts - Authorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
4199999	Total - Separate Accounts - Authorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
4599999	Total - Separate Accounts - Authorized .....						.....	.....	.....	.....	.....	.....	.....
4899999	Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5199999	Subtotal - Separate Accounts - Unauthorized - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
5299999	Total - Separate Accounts - Unauthorized - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5599999	Total - Separate Accounts - Unauthorized - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
5699999	Total - Separate Accounts - Unauthorized .....						.....	.....	.....	.....	.....	.....	.....
5999999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6299999	Subtotal - Separate Accounts - Certified - Affiliates - Non-U.S. - Total .....						.....	.....	.....	.....	.....	.....	.....
6399999	Total - Separate Accounts - Certified - Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6699999	Total - Separate Accounts - Certified - Non-Affiliates .....						.....	.....	.....	.....	.....	.....	.....
6799999	Total - Separate Accounts - Certified .....						.....	.....	.....	.....	.....	.....	.....
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified .....						.....	.....	.....	.....	.....	.....	.....
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						459,999	.....	.....	.....	.....	.....	.....
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....						.....	.....	.....	.....	.....	.....	.....
9999999	Total (Sum of 3499999 and 6899999)						459,999	.....	.....	.....	.....	.....	.....

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	26				
2. Title XVIII-Medicare	169				
3. Title XIX - Medicaid	265				
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	293				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	16,342,278		16,342,278
2. Accident and health premiums due and unpaid (Line 15)	251,187		251,187
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X	(37,830)	(37,830)
5. All other admitted assets (Balance)	1,270,038		1,270,038
6. TOTAL Assets (Line 28)	17,863,503	(37,830)	17,825,673
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	7,403,077		7,403,077
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	2,435,403	(37,830)	2,397,573
15. TOTAL Liabilities (Line 24)	9,838,480	(37,830)	9,800,650
16. TOTAL Capital and Surplus (Line 33)	8,025,022	X X X	8,025,022
17. TOTAL Liabilities, Capital and Surplus (Line 34)	17,863,502	(37,830)	17,825,672
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	37,830		
30. TOTAL Ceded Reinsurance Payables/Offsets	37,830		
31. TOTAL Net Credit for Ceded Reinsurance	(37,830)		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	Frost BPO, LLC	Ownership .....	..... 36.0	Thomas M. Duncan .....	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	CHA, LLC	Ownership .....	..... 14.0	National Investment Group ..	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	Bruce Anderson	Ownership .....	..... 5.8	.....	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	Thomas Scully	Ownership .....	..... 4.5	.....	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	Senior Management	Ownership .....	..... 6.0	.....	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	Undistributed	Ownership .....	..... 4.0	.....	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	45-2375150	.....	.....	.....	Trusted Health Plan (District of Columbia), Inc.	DC .	... IA ...	Trusted Health Plan, Inc.	Ownership .....	..... 100.0	Thomas M. Duncan, National Investment Group, John Shulman .....	.... N ....	.....
4893	Trusted Hlth Plans Grp	11081	38-3295207	.....	.....	.....	Harbor Health Plan, Inc.	MI .	... RE ..	Trusted Health Plan, Inc.	Ownership .....	..... 100.0	Thomas M. Duncan, National Investment Group, John Shulman .....	.... N ....	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plan, Inc.	DE .	... UIP ..	Juggernaut Capital Partners III, LP	Ownership .....	..... 29.7	John Shulman .....	.... N ....	.....

Asterisk	Explanation
0000001

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 11081 ..	.. 38-3295207 ..	HARBOR HLTH PLAN INC .....	.....	.....	.....	.....	(695,746)	.....	.....	.....	(695,746)	.....
.....	.. 46-399728 ..	TRUSTED HEALTH PLAN INC. ....	.....	.....	.....	.....	695,746	.....	.....	.....	695,746	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
- AUGUST FILING
- 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit

11081201736000000 2017 Document Code: 360

Schedule SIS

11081201742000000 2017 Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5

11081201737000000 2017 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner

11081201722400000 2017 Document Code: 224

Approval for Relief related to Require. for Audit Committees

11081201722600000 2017 Document Code: 226

Health Life Supplement

11081201720500000 2017 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

11081201737100000 2017 Document Code: 371

Medicare Part D Coverage Supplement

11081201736500000 2017 Document Code: 365

Approval for Relief related to one-year cooling off period for inde. CPA

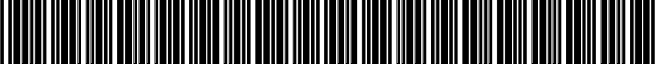
11081201722500000 2017 Document Code: 225

LTC Supplemental Interrogatories

11081201730600000 2017 Document Code: 306

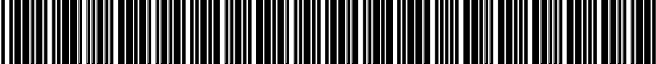
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



11081201721100000 2017 Document Code: 211

Management's Report of Internal Control over Financial Reporting



11081201722300000 2017 Document Code: 223

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